| Fill in this in   | nformation to ide   | ntify your case   | and this filing:   |   |                                      |
|---|---|---|--|---|--------------------------------------|
| Debtor 1  | Kevin<br>First Name   | Middle Name   | Aycock<br>Last Name  |   |                                      |
| Debtor 2<br>(Spouse, if filing  | g) First Name   | Middle Name   | Last Name  |   |                                      |
|   |   | : NORTHERN D  | DISTRICT OF TEXAS  |   |                                      |
| Case number (if known)  | 18-32632-13   |   |  | _   | if this is an<br>ded filing          |
| Official Forn   |   |   |  |   |                                      |
| Schedule A  | VB: Property  |   |  |   | 12/15                                |
| Part 1: Do  1. Do you own   | eoth are equally respondent. On the top of any escribe Each Res | ensible for supply<br>additional pages,<br>idence, Buildi | Be as complete and accurate as ing correct information. If more write your name and case nuring, Land, or Other Real Et in any residence, building, land | re space is needed, attach a<br>nber (if known). Answer eve<br>Estate You Own or Have                       | separate<br>ery question.            |
| 1.1.  8919 O.B. Crowe Drive  Street address, if available, or other description |   | Check all   | he property? that apply. e-family home ex or multi-unit building   | Do not deduct secured clai<br>amount of any secured cla<br>Creditors Who Have Claim<br>Current value of the |                                      |
| <br>Dallas  | TX 7522   | Cond  | lominium or cooperative  | entire property?<br>\$81,390.00   | portion you own?<br>\$81,390.00      |
| City  Dallas County   | State ZIP Co  | de  | stment property<br>share<br>r <b>Homestead</b>   | Describe the nature of you interest (such as fee simple entireties, or a life estate)                       | our ownership<br>ple, tenancy by the |
| County  | Daine Delles TV   | Who has   | an interest in the property?   | Fee Simple  |                                      |
| 75227<br>3919 O.B. Crov<br>Dallas, TX 7522                                      |   | ☐ Debte   | ne.  or 1 only  or 2 only  or 1 and Debtor 2 only  ast one of the debtors and anothe   | Check if this is comm (see instructions)  | nunity property                      |
|   |   |   | ormation you wish to add abou  | ut this item, such as local   |                                      |
|   | •   | •   | of your entries from Part 1, inc<br>rite that number here  | <u> </u>  | \$81,390.00                          |
| Part 2: Do  | escribe Your Veh  | icles   |  |   |                                      |
| -   |   | •   | n any vehicles, whether they a also report it on Schedule G: Ex  | _   | -                                    |
| 3. Cars, vans,  | trucks, tractors, spo   | t utility vehicles,                                       | motorcycles  |   |                                      |
| □ No<br>☑ Yes   |   |   |  |   |                                      |

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1 Kevin Aycock |   |  | Cas   | Case number (if known)  |   |  |  |
|-----------------------|---|--|---|---|---|--|--|
|                       | el:   | Toyota Camry 1998 205,000  | Who has an interest in the property? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   | amount of any secured   | aims Secured by Property.  Current value of the portion you own?                  |  |  |
|                       | 8 Toyota Camry  | LE with 205,000  | Check if this is community property (see instructions)  |   |   |  |  |
| Othe                  | el: r: roximate mileage: er information: 2 Hyundai Geni es) Watercraft, aircr | sis (approx. 87000   | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  and other recreational vehicles, other vehicle watercraft, fishing vessels, snowmobiles, m | amount of any secured Creditors Who Have Cla Current value of the entire property? \$9,925.00 | aims Secured by Property.  Current value of the portion you own?                  |  |  |
| 5.                    | ✓ No ☐ Yes  Add the dollar va   | alue of the portion you  | own for all of your entries from Part 2, inclu<br>Part 2. Write that number here  | uding any   | \$13,117.00   |  |  |
|                       | you own or have a   |  | and Household Items sterest in any of the following items?  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |  |  |
| 7.                    | No ✓ Yes. Describ  Electronics  Examples: Telev                               |  |   |   | \$2,013.00  |  |  |
| 8.                    | stamp   | alue<br>ues and figurines; paintin<br>o, coin, or baseball card o          | gs, prints, or other artwork; books, pictures, o collections; other collections, memorabilia, col   | •   | £20.00  |  |  |
| 9.                    | Equipment for specific Examples: Sports                                       | ports and hobbies<br>s, photographic, exercise<br>es and kayaks; carpentry | (Ds, Tapes, Collectibles), and other hobby equipment; bicycles, pool tools; musical instruments   | ables, golf clubs, skis;  | \$20.00   |  |  |
| 10.                   | Firearms  | s, rifles, shotguns, ammu  | unition, and related equipment  |   |   |  |  |

| Deb  | tor 1                     | Kevin Aycock Case number (if known)   | 18-32632-13   |
|------|---------------------------|---|---|
| 11.  | Clothes                   | es: Evenyday elethos, fure, leether coats, decigner wear, choos, accessories  |   |
|      |                           | s: Everyday clothes, furs, leather coats, designer wear, shoes, accessories   |   |
|      | ☐ No<br>✓ Yes.            | Describe Clothing ( 1 Adult)  | \$200.00  |
| 12.  | <b>Jewelry</b><br>Example | es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gold, silver   | gems,   |
|      | □ No ✓ Yes                | Describe Watches  | \$80.00   |
| 13.  |                           | m animals<br>es: Dogs, cats, birds, horses  |   |
|      | ✓ No<br>☐ Yes.            | Describe  |   |
| 14.  | Any oth                   | er personal and household items you did not already list, including any health aids you<br>ist  |   |
|      |                           | Give specific   |   |
|      | infor                     | mation  |   |
| 15.  |                           | dollar value of all of your entries from Part 3, including any entries for pages you have<br>If for Part 3. Write the number here   | <b>→</b> \$2,313.00   |
|      |                           |   |   |
| Pa   | art 4:                    | Describe Your Financial Assets  |   |
| Do y | ou own                    | or have any legal or equitable interest in any of the following?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16.  | Cash<br>Example           | es: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file you petition  | our   |
|      | ✓ No<br>☐ Yes.            | Cash:   |   |
| 17.  | -                         | es of money es: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. |   |
|      | □ No ✓ Yes.               | Institution name:   |   |
|      | 17.                       | 1. Checking account: Wells Fargo (4003)   | \$935.70  |
| 18.  |                           | mutual funds, or publicly traded stocks s: Bond funds, investment accounts with brokerage firms, money market accounts  |   |
|      | ✓ No<br>☐ Yes.            | Institution or issuer name:   |   |
| 19.  |                           | olicly traded stock and interests in incorporated and unincorporated businesses, including est in an LLC, partnership, and joint venture  |   |
|      |                           | Give specific mation about  |   |
|      | then                      | n Name of entity: % of owner  | ship:   |

| Deb | or 1               | Kevin Aycock Case number   | (if known)18-32     | 1632-13   |
|-----|--------------------|--|---------------------|---|
| 20. | Negotia            | nment and corporate bonds and other negotiable and non-negotiable instruments able instruments include personal checks, cashiers' checks, promissory notes, and money of agotiable instruments are those you cannot transfer to someone by signing or delivering the |                     |   |
|     | info               | s. Give specific ormation about em Issuer name:  |                     |   |
| 21. |                    | ment or pension accounts  les: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension profit-sharing plans  | on or               |   |
|     | _                  | s. List each count separately. Type of account: Institution name:  |                     |   |
| 22. | Your sh<br>Example | ty deposits and prepayments hare of all unused deposits you have made so that you may continue service or use from a les: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecomm nies, or others                                 |                     |   |
|     | <b>☑</b> No        |  |                     |   |
| 23  | _                  | s  | ner of vears)       |   |
| -0. | <b>☑</b> No        |  | ,or or yours,       |   |
| 24. |                    | sts in an education IRA, in an account in a qualified ABLE program, or under a qualified C. §§ $530(b)(1)$ , $529A(b)$ , and $529(b)(1)$ .   | d state tuition pro | ogram.  |
|     | ✓ No<br>☐ Yes      | s Institution name and description. Separately file the records of any in  | terests. 11 U.S.C.  | § 521(c)  |
| 25. |                    | , equitable or future interests in property (other than anything listed in line 1), and rigl<br>s exercisable for your benefit   | nts or              |   |
|     | _                  | s. Give specific ormation about them   |                     |   |
| 26. |                    | s, copyrights, trademarks, trade secrets, and other intellectual property;  les: Internet domain names, websites, proceeds from royalties and licensing agreements   |                     |   |
|     | _                  | s. Give specific ormation about them   |                     |   |
| 27. | Exampl             | es, franchises, and other general intangibles  eles: Building permits, exclusive licenses, cooperative association holdings, liquor licenses,  | professional licens | ses   |
|     |                    | s. Give specific ormation about them   |                     |   |
| Mon | ey or p            | roperty owed to you?   |                     | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref            | funds owed to you  |                     |   |
|     | <b>☑</b> No        |  |                     |   |
|     | _                  | s. Give specific information out them, including whether   | Federal             | :   |
|     |                    | u already filed the returns  | State:              |   |
|     | and                | d the tax years  | Local:              |   |

| Deb | tor 1          | Kevin Aycock  | Case number (if known) 18-3      | 32632-13  |
|-----|----------------|---|----------------------------------|---|
| 29. | Exampl         | support<br>les: Past due or lump sum alimony, spousal support, child support, mainter   | nance, divorce settlement, prope | rty settlement  |
|     | ✓ No           | s. Give specific information  | Alimony:                         |   |
|     |                |   | Maintenance:                     |   |
|     |                |   | Support:                         |   |
|     |                |   | Divorce settlemer                | nt:   |
|     |                |   | Property settleme                | nt:   |
| 30. | Exampl         | lamounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sick procompensation, Social Security benefits; unpaid loans you made to some              |                                  |   |
|     | بخا            | s. Give specific information  |                                  |   |
| 31. | Example No Yes | ts in insurance policies les: Health, disability, or life insurance; health savings account (HSA); cred s. Name the insurance inpany of each policy d list its value                        |                                  | ance<br>Surrender or refund value:  |
| 32. | Any int        | retries to transform that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurance por to receive property because someone has died | ·                                |   |
|     | ✓ No<br>☐ Yes  | s. Give specific information  |                                  |   |
| 33. |                | against third parties, whether or not you have filed a lawsuit or made les: Accidents, employment disputes, insurance claims, or rights to sue  | a demand for payment             |   |
|     | ✓ No           | s. Describe each claim  |                                  |   |
| 34. | rights t       | contingent and unliquidated claims of every nature, including counterc<br>to set off claims   | laims of the debtor and          |   |
|     | ✓ No<br>☐ Yes  | s. Describe each claim  |                                  |   |
| 35. | Any fin        | ancial assets you did not already list  |                                  |   |
|     | ✓ No           | s. Give specific information  |                                  |   |
| 36. |                | e dollar value of all of your entries from Part 4, including any entries ford for Part 4. Write that number here  |                                  | \$935.70  |
| Pa  | art 5:         | Describe Any Business-Related Property You Own or Ha  | ve an Interest In. List any      | real estate in Part 1.  |
| 37. | Do you         | own or have any legal or equitable interest in any business-related pr  | operty?                          |   |
|     |                | . Go to Part 6.<br>s. Go to line 38.  |                                  |   |
|     | _              |   |                                  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accour         | nts receivable or commissions you already earned  |                                  | ·   |
|     | ✓ No<br>☐ Yes  | s. Describe   |                                  |   |

Official Form 106A/B Schedule A/B: Property page 5

| Deb | or 1 Kevin Aycock Case number (if known) _ 18   | -32632-13   |
|-----|---|---|
| 39. | Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices |   |
|     | ✓ No  Yes. Describe   |   |
| 40. | Machinery, fixtures, equipment, supplies you use in business, and tools of your trade   |   |
|     | ✓ No ☐ Yes. Describe  |   |
| 41. | Inventory   |   |
|     | ✓ No ☐ Yes. Describe  |   |
| 42. | Interests in partnerships or joint ventures   |   |
|     | ✓ No ☐ Yes. Describe Name of entity: % of ownership:  |   |
| 43. | Customer lists, mailing lists, or other compilations  |   |
|     | No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  No Yes. Describe   |   |
| 44. | Any business-related property you did not already list  |   |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific information.</li></ul>  |   |
| 45. | Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here   | \$0.00  |
| Pa  | Describe Any Farm- and Commercial Fishing-Related Property You Own or Have If you own or have an interest in farmland, list it in Part 1.   | an Interest In.   |
| 46. | Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?   |   |
|     | ✓ No. Go to Part 7.  ☐ Yes. Go to line 47.  |   |
|     |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm animals  Examples: Livestock, poultry, farm-raised fish  |   |
|     | ☑ No □ Yes  |   |
| 48. | Crops either growing or harvested   |   |
|     | Cropseither growing or harvested  |   |
|     | ✓ No  Yes. Give specific information  |   |
| 49. | ✓ No  Yes. Give specific  |   |

| Deb | tor 1         | Kevin Aycock   | Case numb              | er (if known)                 | 18-32632-1 | 13          |
|-----|---------------|--|------------------------|-------------------------------|------------|-------------|
| 50. | Farm a        | nd fishing supplies, chemicals, and feed   |                        |                               |            |             |
|     | ✓ No<br>☐ Yes | ·  |                        |                               |            |             |
| 51. | Any far       | m- and commercial fishing-related property you did not   | already list           |                               |            |             |
|     |               | s. Give specific   |                        |                               |            |             |
| 52. |               | e dollar value of all of your entries from Part 6, including<br>d for Part 6. Write that number here |                        |                               | →          | \$0.00      |
| Pa  | art 7:        | Describe All Property You Own or Have an In  | terest in That You Did | Not List A                    | bove       |             |
| 53. | -             | have other property of any kind you did not already list es: Season tickets, country club membership | ?                      |                               |            |             |
|     | ✓ No<br>☐ Yes | s. Give specific information.  |                        |                               |            |             |
| 54. | Add the       | e dollar value of all of your entries from Part 7. Write tha   | t number here          |                               | →          | \$0.00      |
| Pa  | art 8:        | List the Totals of Each Part of this Form  |                        |                               |            |             |
| 55. | Part 1:       | Total real estate, line 2  |                        |                               | →          | \$81,390.00 |
| 56. | Part 2:       | Total vehicles, line 5   | \$13,117.00            |                               |            |             |
| 57. | Part 3:       | Total personal and household items, line 15  | \$2,313.00             |                               |            |             |
| 58. | Part 4:       | Total financial assets, line 36  | \$935.70               |                               |            |             |
| 59. | Part 5:       | Total business-related property, line 45   | \$0.00                 |                               |            |             |
| 60. | Part 6:       | Total farm- and fishing-related property, line 52  | \$0.00                 |                               |            |             |
| 61. | Part 7:       | Total other property not listed, line 54   | \$0.00                 |                               |            |             |
| 62. | Total p       | ersonal property. Add lines 56 through 61  | #4C OCE 70             | opy personal<br>roperty total | <b>→</b> + | \$16,365.70 |
| 63. | Total o       | f all property on Schedule A/B. Add line 55 + line 62  |                        |                               |            | \$97,755.70 |

| De | btor 1 | Kevin Aycock                           | Case number (if known) | 18-32632-13 |
|----|--------|--|------------------------|-------------|
| 6. | House  | ehold goods and furnishings (details): |                        |             |
| ٥. | Sofa   | enola goodo dila ramoningo (detallo).  |                        | \$200.00    |
|    | Love   | seat                                   |                        | \$100.00    |
|    | Telev  | risions (2)                            |                        | \$299.00    |
|    |        | tainment Center/TV Cabinet             |                        | \$50.00     |
|    | DVD    | Player (2)                             |                        | \$30.00     |
|    | Perso  | onal Computer/Printer                  |                        | \$75.00     |
|    | Stere  | o                                      |                        | \$80.00     |
|    | Coffe  | e Table                                |                        | \$35.00     |
|    | End 1  | <b>Table</b>                           |                        | \$40.00     |
|    | Kitch  | en Table/Chairs                        |                        | \$20.00     |
|    | Dinin  | g Table/Chairs                         |                        | \$45.00     |
|    | Refri  | gerator/Freezer                        |                        | \$100.00    |
|    | Stove  | e/Range                                |                        | \$50.00     |
|    | Micro  | owave                                  |                        | \$15.00     |
|    | Dish   | washer                                 |                        | \$75.00     |
|    | Wash   | ning Machine                           |                        | \$175.00    |
|    | Cloth  | es Dryer                               |                        | \$160.00    |
|    | Dishe  | es/Flatware                            |                        | \$25.00     |
|    | Pots/  | Pans/Cookware                          |                        | \$25.00     |
|    | Beds   | (2)                                    |                        | \$175.00    |
|    | Dress  | ser/Nightstand                         |                        | \$60.00     |
|    | Lamp   | os/Accessories                         |                        | \$10.00     |
|    | Cellu  | lar Telephone                          |                        | \$29.00     |
|    | Lawn   | mower                                  |                        | \$70.00     |
|    | Yard   | Landscaping Tools                      |                        | \$70.00     |

| evin st Name Middle st Name Middle uptcy Court for the: NOR 3-32632-13  06C the Property You  | Name Last Name   | )   |   | ☐ Check if this is an amended filing   |  |
|---|--|---|---|--|--|
| st Name Middle uptcy Court for the: NOR 3-32632-13  | Name Last Name   | )   | <u> </u>  | <b>—</b>   |  |
| uptcy Court for the: <b>NOR</b> 3-32632-13  |  |   | 3   | <b>—</b>   |  |
| 3-32632-13<br>06C   | THERN DISTRICT OF  | TEXAS   | <u> </u>  | <b>—</b>   |  |
| 06C   |  |   |   | amended filing   |  |
|   |  |   |   | <b>3</b>   |  |
| he Property You   |  |   |   |  |  |
|   | Claim as Exem  | pt  |   |  | 04/16  |
| I listed on Schedule A/B: I<br>ut and attach to this page   | Property (Official Form 10   | 06A/B) a  | s your source, list the   | e property that you claim as exempt  | . If more  |
| dollar amount as exemple<br>mount of any applicable<br>fits, and tax-exempt retire<br>f fair market value under<br>and to exceed that amoun | t. Alternatively, you may statutory limit. Some of ement funds-may be ur r a law that limits the extr. your exemption would  | y claim to exemption the company of the comption to the comp  | the full fair market ons-such as those in dollar amount. It to a particular doll  | value of the property being<br>for health aids, rights to<br>However, if you claim an<br>ar amount and the value of the  |  |
|   | <u> </u>   | even if   | vour spouse is filing   | with you   |  |
| ming state and federal nor  | nbankruptcy exemptions.  | -   |   |  |  |
| you list on Schedule A  | /B that you claim as exe   | empt, fill  | in the information  | below.   |  |
|   | Current value of the portion you own   |   |   | Specific laws that allow exempt  | ion  |
|   | Copy the value from Schedule A/B   |   | •   |  |  |
| rive Dallas, TX 75227   | \$81,390.00  | <b>–</b> ,  | alue, up to any   | 11 U.S.C. § 522(d)(1)  |  |
|   |  |   | •   |  |  |
| y (approx. 205000 mile  | \$3,192.00   | _ <b>Ø</b> _  | \$3,192.00<br>00% of fair market<br>value, up to any  | 11 U.S.C. § 522(d)(2)  |  |
|   | u listed on Schedule A/B: ut and attach to this page ase number (if known).  perty you claim as exempt amount of any applicable fits, and tax-exempt retire of fair market value undered to exceed that amoun ify the Property You emptions are you claiming ming state and federal norming federal exemptions.  If you list on Schedule A/A the property and line on the property of this property. | ul listed on Schedule A/B: Property (Official Form 1) ut and attach to this page as many copies of Part asse number (if known).  perty you claim as exempt, you must specify the dollar amount as exempt. Alternatively, you may amount of any applicable statutory limit. Some of fits, and tax-exempt retirement fundsmay be under a law that limits the exect to exceed that amount, your exemption would be if the Property You Claim as Exempt  emptions are you claiming? Check one only ming state and federal nonbankruptcy exemptions. The property and line on the property and line on the property and line on the property of the property of the portion you own  Copy the value from Schedule A/B  \$81,390.00  Prive Dallas, TX 75227 | ul listed on Schedule A/B: Property (Official Form 106A/B) a ut and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page as many copies of Part 2: Additional and attach to this page and attach and attach to this page as many copies of Part 2: Additional and attach to this page and attach and attach to the amount and attach to this page as many copies of Part 2: Additional and attach to this page and attach and attach to the amount attach and attach and attach to the amount attach to the | a listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the ut and attach to this page as many copies of Part 2: Additional Page as necessase number (if known).  perty you claim as exempt, you must specify the amount of the exemption you dollar amount as exempt. Alternatively, you may claim the full fair market amount of any applicable statutory limit. Some exemptions—such as those fits, and tax-exempt retirement funds—may be unlimited in dollar amount. It is fair market value under a law that limits the exemption to a particular doll ed to exceed that amount, your exemption would be limited to the applicable of the exceed that amount, your exemption would be limited to the applicable of the Property You Claim as Exempt  The property You Claim as exempt, fill in the information of the property and line on the protion you claim as exempt, fill in the information of the property and line on the protion you claim of the exemption you claim of the portion you own  The property Amount of the exemption of the exemption of the exemption you claim own  The property and line on the protion you claim own  The property and line on the protion you own  The property and line on the protion you own  The property and line on the protion you own  The property and line on the protion you own  The protion you of fair market value, up to any applicable statutory limit  The protion you own applicable statutory limit | perty you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to fits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an of fair market value under a law that limits the exemption to a particular dollar amount and the value of the ed to exceed that amount, your exemption would be limited to the applicable statutory amount.  If your exemption would be limited to the applicable statutory amount.  If your spouse is filing with you.  If you spouse is filing with you.  If |

| Debtor 1  | Kevin Aycock  |                                      |          | Case number  | (if known) | 18-32632-13              |
|---|---|--------------------------------------|----------|--|------------|--------------------------|
| Part 2:   | Additional Page   |                                      |          |  |            |                          |
|   | ption of the property and line on /B that lists this property | Current value of the portion you own |          | ount of the<br>mption you claim  | Specific I | aws that allow exemption |
|   |   | Copy the value from Schedule A/B     |          | eck only one box for<br>h exemption  |            |                          |
| Brief descrip<br><b>Sofa</b><br>Line from <i>So</i>     | otion:<br>chedule A/B:6                                       | \$200.00                             |          | \$200.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C   | . § 522(d)(3)            |
| Brief descrip<br><b>Loveseat</b><br>Line from <i>Sc</i> |   | \$100.00                             | <b>1</b> | \$100.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C   | . § 522(d)(3)            |
| Brief descrip <b>Television</b> Line from So            |   | \$299.00                             |          | \$299.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C   | :. § 522(d)(3)           |
|   | otion:<br>nent Center/TV Cabinet<br>chedule A/B: 6            | \$50.00                              | <b>☑</b> | \$50.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit  | 11 U.S.C   | :. § 522(d)(3)           |
| Brief descrip  DVD Playe  Line from Sc                  |   | \$30.00                              |          | \$30.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit  | 11 U.S.C   | . § 522(d)(3)            |
|   | otion: Computer/Printer chedule A/B: 6                        | <u>\$75.00</u>                       |          | \$75.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit  | 11 U.S.C   | . § 522(d)(3)            |
| Brief descrip<br><b>Stereo</b><br>Line from <i>Sc</i>   | otion:<br>chedule A/B:6                                       | \$80.00                              |          | \$80.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit  | 11 U.S.C   | . § 522(d)(3)            |
| Brief descrip<br>Coffee Tak<br>Line from So             |   | \$35.00                              |          | \$35.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit  | 11 U.S.C   | . § 522(d)(3)            |
| Brief descrip<br>End Table<br>Line from So              | otion:<br>chedule A/B: 6                                      | \$40.00                              | <u> </u> | \$40.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit  | 11 U.S.C   | . § 522(d)(3)            |

Debtor 1 Kevin Aycock Case number (if known) 18-32632-13 Part 2: **Additional Page** Current value of Amount of the Brief description of the property and line on Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$20.00 11 U.S.C. § 522(d)(3) \$20.00  $\overline{\mathbf{Q}}$ Kitchen Table/Chairs 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: 11 U.S.C. § 522(d)(3) \$45.00 \$45.00  $\overline{\mathbf{Q}}$ **Dining Table/Chairs** 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$100.00 \$100.00 11 U.S.C. § 522(d)(3)  $\sqrt{\phantom{a}}$ Refrigerator/Freezer 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$50.00 \$50.00 11 U.S.C. § 522(d)(3)  $\square$ Stove/Range 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$15.00 11 U.S.C. § 522(d)(3) \$15.00  $\square$ Microwave 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$75.00 \$75.00 11 U.S.C. § 522(d)(3)  $\square$ Dishwasher 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$175.00 11 U.S.C. § 522(d)(3)  $\sqrt{\phantom{a}}$ \$175.00 **Washing Machine** 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$160.00 11 U.S.C. § 522(d)(3) \$160.00  $\overline{\mathbf{Q}}$ **Clothes Dryer** 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$25.00 11 U.S.C. § 522(d)(3) \$25.00  $\overline{\mathbf{Q}}$ Dishes/Flatware 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit

| Debtor 1                                    | Kevin Aycock  |                                      | Case number   | r (if known)                       |
|---|---|--------------------------------------|---|------------------------------------|
| Part 2:                                     | Additional Page   |                                      |   |                                    |
|   | iption of the property and line on<br>/B that lists this property | Current value of the portion you own | Amount of the exemption you claim   | Specific laws that allow exemption |
|   |   | Copy the value from Schedule A/B     | Check only one box for each exemption                                     |                                    |
|   | otion:  //Cookware  chedule A/B:6                                 | \$25.00                              | \$25.00  100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)              |
| Brief descrip<br>Beds (2)<br>Line from So   | otion:  chedule A/B:6   | \$175.00                             | \$175.00  100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3)              |
| Brief descrip  Dresser/N  Line from So      |   | \$60.00                              | \$60.00  100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)              |
| Brief descrip<br>Lamps/Ac                   |   | \$10.00                              | \$10.00 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(3)              |
| Brief descrip Cellular Te                   |   | \$29.00                              | \$29.00 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(3)              |
| Brief descrip<br>Lawnmow<br>Line from So    |   | \$70.00                              | \$70.00 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(3)              |
|   | otion:<br>Iscaping Tools<br>chedule A/B:6                         | \$70.00                              | \$70.00 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(3)              |
|   | otion: Os, DVDs, Tapes, Collectibles Chedule A/B:8                | \$20.00                              | \$20.00 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(3)              |
| Brief descrip<br>Clothing (<br>Line from So |   | \$200.00                             | \$200.00 100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)              |

| Debtor 1                 | Kevin Aycock   |  |           | Case number (if known)18-32632-13                 |                                    |  |
|--------------------------|--|--|-----------|---|------------------------------------|--|
| Part 2:                  | Additional Page  |  |           |   |                                    |  |
|                          | ption of the property and line on //B that lists this property | Current value of<br>the portion you<br>own |           | ount of the<br>mption you claim                   | Specific laws that allow exemption |  |
|                          |  | Copy the value from Schedule A/B           |           | ck only one box for<br>h exemption                |                                    |  |
| Brief descrip<br>Watches | tion:  | \$80.00                                    | $\square$ | \$80.00<br>100% of fair market                    | 11 U.S.C. § 522(d)(4)              |  |
| Line from So             | hedule A/B: 12   |  |           | value, up to any<br>applicable statutory<br>limit |                                    |  |
| Brief descrip Wells Farg |  | \$935.70                                   | <b>Ø</b>  | \$935.70<br>100% of fair market                   | 11 U.S.C. § 522(d)(5)              |  |
| Line from So             | hedule A/B: <b>17.1</b>  |  |           | value, up to any<br>applicable statutory<br>limit |                                    |  |

### **UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS DALLAS DIVISION**

IN RE: Kevin Aycock CASE NO 18-32632-13

> CHAPTER 13

> > Scheme Selected: Federal

# SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

#### **Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

| No. | Category  | Gross<br>Property Value | Total<br>Encumbrances | Total<br>Equity | Total Amount<br>Exempt | Total Amount<br>Non-Exempt |
|-----|---|-------------------------|-----------------------|-----------------|------------------------|----------------------------|
| 1.  | Real property   | \$81,390.00             | \$111,897.00          | \$0.00          | \$0.00                 | \$0.00                     |
| 3.  | Motor vehicles (cars, etc.)                           | \$13,117.00             | \$22,490.74           | \$3,192.00      | \$3,192.00             | \$0.00                     |
| 4.  | Water/Aircraft, Motor Homes,<br>Rec. veh. and access. | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 6.  | Household goods and furnishings                       | \$2,013.00              | \$0.00                | \$2,013.00      | \$2,013.00             | \$0.00                     |
| 7.  | Electronics   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 8.  | Collectibles of value                                 | \$20.00                 | \$0.00                | \$20.00         | \$20.00                | \$0.00                     |
| 9.  | Equipment for sports and hobbies                      | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 10. | Firearms  | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 11. | Clothes   | \$200.00                | \$0.00                | \$200.00        | \$200.00               | \$0.00                     |
| 12. | Jewelry   | \$80.00                 | \$0.00                | \$80.00         | \$80.00                | \$0.00                     |
| 13. | Non-farm animals                                      | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 14. | Unlisted pers. and household itemsincl. health aids   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 16. | Cash  | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 17. | Deposits of money                                     | \$935.70                | \$0.00                | \$935.70        | \$935.70               | \$0.00                     |
| 18. | Bonds, mutual funds or publicly traded stocks         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 19. | Non-pub. traded stock and int. in businesses          | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 20. | Govt. and corp. bonds and other instruments           | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 21. | Retirement or pension accounts                        | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 22. | Security deposits and prepayments                     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 23. | Annuities   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 24. | Interests in an education IRA                         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 25. | Trusts, equit. or future int. (not in line 1)         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 26. | Patents, copyrights, and other intellectual prop.     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 27. | Licenses, franchises, other general intangibles       | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 28. | Tax refunds owed to you                               | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
|     |   |                         |                       |                 |                        |                            |

### **UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS DALLAS DIVISION**

IN RE: Kevin Aycock CASE NO 18-32632-13

> CHAPTER 13

> > Scheme Selected: Federal

## SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

**Exemption Totals by Category:** 

(Values and liens of surrendered property are NOT included in this section)

| No. | Category  | Gross<br>Property Value | Total<br>Encumbrances | Total<br>Equity | Total Amount<br>Exempt | Total Amount<br>Non-Exempt |
|-----|---|-------------------------|-----------------------|-----------------|------------------------|----------------------------|
| 29. | Family support                                      | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 30. | Other amounts someone owes you                      | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 31. | Interests in insurance policies                     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 32. | Any int. in prop. due you from someone who has died | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 33. | Claims vs. third parties, even if no demand         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 34. | Other contin. and unliq. claims of every nature     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 35. | Any financial assets you did not already list       | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 38. | Accounts rec. or commissions you already earned     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 39. | Office equipment, furnishings, and supplies         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 40. | Mach., fixt., equip., bus. suppl., tools of trade   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 41. | Inventory   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 42. | Interests in partnerships or joint ventures         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 43. | Customer and mailing lists, or other compilations   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 44. | Any business-related property not already listed    | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 47. | Farm animals  | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 48. | Crops-either growing or harvested                   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 49. | Farm/fishing equip., impl., mach., fixt., tools     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 50. | Farm and fishing supplies, chemicals, and feed      | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 51. | Farm/commercial fishing-related prop. not listed    | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 53. | Any other property of any kind not already listed   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
|     | TOTALS:   | \$97,755.70             | \$134,387.74          | \$6,440.70      | \$6,440.70             | \$0.00                     |

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS DALLAS DIVISION

IN RE: Kevin Aycock CASE NO 18-32632-13

CHAPTER 13

## SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 2

#### **Surrendered Property:**

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

**Property Description Market Value** Lien Equity **Real Property** (None) **Personal Property** (None) \$0.00 \$0.00 \$0.00 TOTALS: Non-Exempt Property by Item: The following property, or a portion thereof, is non-exempt. **Property Description Market Value** Lien **Equity Non-Exempt Amount** 

Real Property

(None)

**Personal Property** 

(None)

TOTALS: \$0.00 \$0.00 \$0.00 \$0.00

| Summary  |              |  |  |
|--|--------------|--|--|
| A. Gross Property Value (not including surrendered property)                   | \$97,755.70  |  |  |
| B. Gross Property Value of Surrendered Property                                | \$0.00       |  |  |
| C. Total Gross Property Value (A+B)  | \$97,755.70  |  |  |
| D. Gross Amount of Encumbrances (not including surrendered property)           | \$134,387.74 |  |  |
| E. Gross Amount of Encumbrances on Surrendered Property                        | \$0.00       |  |  |
| F. Total Gross Encumbrances (D+E)  | \$134,387.74 |  |  |
| G. Total Equity (not including surrendered property) / (A-D)                   | \$6,440.70   |  |  |
| H. Total Equity in surrendered items (B-E)                                     | \$0.00       |  |  |
| I. Total Equity (C-F)  | \$6,440.70   |  |  |
| J. Total Exemptions Claimed (Wild Card Used: \$935.70, Available: \$12,164.30) | \$6,440.70   |  |  |
| K. Total Non-Exempt Property Remaining (G-J)                                   | \$0.00       |  |  |

| Fill in this inf   | ormation to identi  | fy your case:  |  |                     |                                 |       |
|--|---|--|--|---------------------|---------------------------------|-------|
| Debtor 1   | Kevin   |  | Aycock   |                     |                                 |       |
|  | First Name  | Middle Name  | Last Name  |                     |                                 |       |
| Debtor 2<br>(Spouse, if filing)  | First Name  | Middle Name  | Last Name  |                     |                                 |       |
|  |   | NODTHERN DIS   | TRICT OF TEXAS   |                     |                                 |       |
|  | nkruptcy Court for the: I   | NORTHERN DIS   | IRICI OF TEXAS   |                     |                                 |       |
| Case number (if known)   | 18-32632-13   |  |  |                     | Check if this is amended filing |       |
| Official Form  | 106D  |  |  |                     |                                 |       |
| Schedule D:  | Creditors Who   | Have Claim   | ns Secured by  | Property            |                                 | 12/15 |
| 1. Do any credit  No. Che Yes. Fill  Part 1: Lis  List all secure claim, list the creditor has a                                   | on. If more space is ne additional pages, write tors have claims secured this box and submit to in all of the information the All Secured Claim ed claims. If a creditor creditor separately for e particular claim, list the ible, list the claims in all e. | red by your proper this form to the could below.  The man and could be the could be | exty?  It with your other schell secured than one Part 2. As | vn).                |                                 |       |
| 2.1  |   | Describe the pr  | • •  | \$1,346.69          | \$81,390.00                     |       |
| Dallas County T  | ax  | secures the cla  |  | Ψ1,540.05           | Ψ01,330.00                      |       |
| Creditor's name 1201 Elm Street Number Street  | , Ste 2600  | TX 75227   | ve Drive Dallas,   |                     |                                 |       |
| Dallas City Who owes the dek  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and D ☐ At least one of ☐ Check if this of to a community | Debtor 2 only<br>the debtors and anothe   | Contingent Unliquidated Disputed Nature of lien. An agreeme Statutory lied   | Check all that apply.  | mortgage or secured | car loan)                       |       |
| Date debt was inc  | urred   | Last 4 digits of   | account number   |                     |                                 |       |
| Direct pay-Escre   | owed  |  |  |                     |                                 |       |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,346.69

| Debtor 1 Kevin Aycock   |  | Case number (if known)18-32632-13   |  |   |                                   |  |  |  |
|---|--|---|--|---|-----------------------------------|--|--|--|
| Part 1: Additional Page After listing any entries on the sequentially from the previous |  |   | Column A  Amount of claim  Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |  |  |  |
| 2.2 Magic Auto  | n Salos  | Describe the property that secures the claim:   | \$22,490.74  | \$9,925.00  | \$12,565.74                       |  |  |  |
| Creditor's name   | e<br>r or Managing Agent<br>eet                  | - 2012 Hyundai Genesis<br>-   |  |   |                                   |  |  |  |
| Dallas<br>City  | TX 75217 State ZIP Code he debt? Check one. only | As of the date you file, the claim is:  Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as tax lien, me statutory lien (such as tax lien, me   | mortgage or secured  | car loan)   |                                   |  |  |  |
| _   | and Debtor 2 only one of the debtors and another | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)   |  |   |                                   |  |  |  |
| _   | f this claim relates<br>nmunity debt             | Automobile  |  |   |                                   |  |  |  |
| Date debt w   | as incurred <u>6/23/17</u>                       | _ Last 4 digits of account number   | 7 3 o r  |   |                                   |  |  |  |
| In the plan   |  | Describe the property that secures the claim:   | \$111,897.00   | \$81,390.00   | \$30,507.00                       |  |  |  |
|   | e<br>nancial Service                             | 919 O.B. Crowe Drive Dallas,<br>TX 75227  |  |   |                                   |  |  |  |
| Attn Office   | eet<br>or Managing Agent                         |   | <b>.</b>   |   |                                   |  |  |  |
| Debtor 1 Debtor 2 Debtor 1 Debtor 1 At least 0 Check if                                 | TX 75267 State ZIP Code he debt? Check one. only | As of the date you file, the claim is:  Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, medudgment lien from a lawsuit) Other (including a right to offset) Deed of Trust | mortgage or secured  | car loan)   |                                   |  |  |  |
| Date debt w   | as incurred <u>07/26/2007</u>                    | _ Last 4 digits of account number   | 4 2 9 7  |   |                                   |  |  |  |
| Post Petition   | on Mortgage Payments                             |   |  |   |                                   |  |  |  |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$134,387.74

| Part 1: Kevin Aycock  Additional Page After listing any entries on this page, sequentially from the previous page.  |  |   | Case number (if known) 18-32632-13                             |   |                                   |  |  |
|---|--|---|--|---|-----------------------------------|--|--|
|   |  |   | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |  |  |
| 2.4   |  | Describe the property that secures the claim:   | \$4,969.12   | \$81,390.00   |                                   |  |  |
| US Bank Trust NA Creditor's name C/O BSI Financial Service Number Street  |  | 919 O.B. Crowe Drive Dallas,<br>TX 75227  |  |   |                                   |  |  |
| PO Box 67  Dallas  City  Who owes t  Debtor 1  Debtor 2  Debtor 1  At least  Check if   | TX 75267 State ZIP Code the debt? Check one. | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Deed of Trust |  |   |                                   |  |  |
|   | ras incurred <u>Various</u>                  | Last 4 digits of account number   | 4 2 9 7  |   |                                   |  |  |
| 2.5 US Bank T Creditor's nam  |  | Describe the property that secures the claim: 919 O.B. Crowe Drive Dallas, TX 75227   | \$1,346.50   | \$81,390.00   |                                   |  |  |
| Number Str  | e or Managing Agent                          |   |  |   |                                   |  |  |
| PO Box 67  Dallas  City   | 79002<br>TX 75267<br>State ZIP Code          | As of the date you file, the claim is:  Contingent Unliquidated Disputed  | Check all that apply.  |   |                                   |  |  |
| Who owes the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt |  | Nature of lien. Check all that apply.  ☑ An agreement you made (such as mortgage or secured car loan)  ☐ Statutory lien (such as tax lien, mechanic's lien)  ☐ Judgment lien from a lawsuit   |  |   |                                   |  |  |
|   |  | Other (including a right to offset)  Arrearage  |  |   |                                   |  |  |
| Date debt w   | as incurred <u>Various</u>                   | Last 4 digits of account number   | 4 2 9 7  |   |                                   |  |  |
| Gap Condi   | uit Mortgage Payments                        |   |  |   |                                   |  |  |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$6,315.62

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$142,050.05

|   |  |   |  | -  |   |                                       |
|---|--|---|--|--|---|---------------------------------------|
| Fill in this inf  | ormation to iden   | itify your ca   | ase:   |  |   |                                       |
| Debtor 1  | Kevin  |   | Aycock   |  |   |                                       |
|   | First Name   | Middle Name   | Last Name  |  |   |                                       |
| Debtor 2  | <del></del>  |   |  |  |   |                                       |
| (Spouse, if filing)   | First Name   | Middle Name   | Last Name  |  |   |                                       |
| United States Bar   | nkruptcy Court for the   | : NORTHER   | N DISTRICT OF TEXAS  |  |   |                                       |
| Case number   | 18-32632-13  |   |  | _  | Check if this is a  | nn.                                   |
| (if known)  |  |   |  | _  | amended filing  | 311                                   |
| Official Form   | 106E/F   |   |  | _  |   |                                       |
| Schedule E/   | F: Creditors \   | Who Have  | e Unsecured Claims   |  |   | 12/15                                 |
| Do not include an If more space is not to this page. On the Part 1:   | y creditors with part<br>eeded, copy the Par<br>he top of any addition<br>t All of Your PRI<br>tors have priority un | tially secured<br>it you need, fi<br>onal pages, w        |  | e <i>D: Creditors Who H</i><br>boxes on the left. A                          | old Claims Secur  | ed by Property.                       |
| claim. For ear<br>show both price<br>more space is<br>claim, list the | ch claim listed, identit<br>ority and nonpriority a<br>s needed for priority u<br>other creditors in Parl            | fy what type of<br>mounts. As m<br>nsecured clain<br>t 3. | creditor has more than one priority f claim it is. If a claim has both prionuch as possible, list the claims in ans, fill out the Continuation Page of e instructions for this form in the ins | rity and nonpriority am<br>alphabetical order acco<br>Part 1. If more than o | ounts, list that clair<br>rding to the credito<br>ne creditor holds a<br>Priority | m here and or's name. If a particular |
|   |  |   |  |  | amount  | amount                                |
| 2.1   |  |   |  | \$3,225.00   | \$3,225.00  | \$0.00                                |
| Allmand Law Fir Priority Creditor's Nam                               |  |   | Last 4 digits of account number  |  |   |                                       |
| 860 Airport Fwy   |  |   | When was the debt incurred?  | 04/18/2016   |   |                                       |
| Number Street   |  |   | As of the date you file, the claim   | is: Check all that app   | –<br>oly.   |                                       |
|   |  |   | Contingent   | 1  | ,   |                                       |
| Hurst   |  | 054   | Unliquidated Disputed  |  |   |                                       |
| City Who incurred the   |  | Code  | Type of PRIORITY unsecured cl  | aim:   |   |                                       |
| Debtor 1 only   | debt: Officer offic.   |   | Domestic support obligations   | aiii.  |   |                                       |
| Debtor 2 only Debtor 1 and D  | Optor 2 only   |   | Taxes and certain other debts  | ,  | ent   |                                       |
|   | the debtors and anot   | her   | Claims for death or personal i intoxicated   | njury while you were   |   |                                       |
| _   | claim is for a commu   | ınity debt  | ✓ Other. Specify   |  |   |                                       |
| Is the claim subjection No  | ct to offset?  |   | Attorney fees for this cas   | 6 <b>e</b>   |   |                                       |
| ✓ No<br>Yes   |  |   |  |  |   |                                       |
| In Plan   |  |   |  |  |   |                                       |

| Debtor 1   | Kevin Aycock  | Case number (if known)18-32632-13   |
|--|---|---|
| Part 2:  | List All of Your NONPRIORITY  | / Unsecured Claims  |
| No. Yes  4. List all o If a creditype of cl                              | of your nonpriority unsecured claims in<br>titor has more than one nonpriority unsecutation. It is              | claims against you?  Submit this form to the court with your other schedules.  In the alphabetical order of the creditor who holds each claim.  ured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in insecured claims, fill out the Continuation Page of Part 2.               |
| Maumee City Who incurred Debtor 1 of Debtor 1 of Debtor 1 of Debtor 1 of | Identification of the debt? Ohe Check one.  OH 43537  State ZIP Code Check one.  Only only and Debtor 2 only    | \$765.00  Last 4 digits of account number 2 7 5 1  When was the debt incurred? 07/20/2014  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts |
| Check if to Is the claim s No Yes  4.2  American In                      | ne of the debtors and another this claim is for a community debt subject to offset?  InfoSource LP as agent for | Other. Specify Collecting for - T Mobile USA  \$225.26  Last 4 digits of account number   |
| Los Angeles City Who incurred Debtor 1 o Debtor 1 o At least or          | C reet 78  S CA 90051 State ZIP Code Check one. only  | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for - Direct TV                   |

| Debtor 1 Kevin Aycock   | Case number (if known)18-32632-   | 13          |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                     | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.   | m sequentially from the   | Total claim |
| 4.3   |   | \$531.59    |
| American Infosource LP, As Agent for                                | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name  T Mobile/T-Mobile USA Inc              | When was the debt incurred?   |             |
| Number Street P.O. Box 248848                                       | As of the date you file, the claim is: Check all that apply.  |             |
| 1.0. Box 240040   |   |             |
| Oklahoma City OK 73124-8848   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  Debtor 1 only                    | Student loans   |             |
| Debtor 2 only   | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt                         |   |             |
| Is the claim subject to offset?                                     | Othities  |             |
| ✓ No<br>☐ Yes   |   |             |
| 4.4   |   | \$754.04    |
| AT&T Mobility II LLC Nonpriority Creditor's Name                    | Last 4 digits of account number   |             |
| % AT&T Services, Ince   | When was the debt incurred?   |             |
| Number Street  Karen Cavagnaro, Paralegal                           | As of the date you file, the claim is: Check all that apply.  — Contingent  |             |
| One AT&T Way, Room 3A231  | Unliquidated  |             |
| Bedminster NJ 07921   | Disputed  |             |
| City State ZIP Code Who incurred the debt? Check one.               | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only   | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt                         |   |             |
| Is the claim subject to offset?                                     |   |             |
| ✓ No  ✓ Yes   |   |             |
|   |   |             |
| 4.5   |   | \$500.00    |
| Cap One Nonpriority Creditor's Name                                 | Last 4 digits of account number   |             |
| PO Box 85520  | When was the debt incurred? 04/03/2012  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  — ☐ Contingent  |             |
|   | Unliquidated  |             |
| Richmond VA 23285   | ─   |             |
| City State ZIP Code Who incurred the debt? Check one.               | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only   | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt                         |   |             |
| Is the claim subject to offset?                                     |   |             |
| ✓ No<br>✓ Yes   |   |             |

| Debtor 1 Kevin Aycock   | Case number (if known)18-32632-  | 13          |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page. | m sequentially from the  | Total claim |
| 4.6   |  | \$685.00    |
| Credit One Bank   | Last 4 digits of account number 4 0 9 4  |             |
| Nonpriority Creditor's Name                                       | When was the debt incurred? 01/2017  |             |
| ATTN: Bankruptcy Number Street                                    | As of the date you file, the claim is: Check all that apply.                         |             |
| PO Box 98873  | _ Contingent   |             |
|   | Unliquidated   |             |
| Las Vegas NV 89193  | Disputed   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.                                 | ☐ Student loans  |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims   |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts                    |             |
| Check if this claim is for a community debt                       | ☑ Other. Specify  Credit Card  |             |
| Is the claim subject to offset?                                   | oreart oura  |             |
| <b>⋈</b> No   |  |             |
| Yes   |  |             |
| 4.7   |  | \$264.00    |
| Credit Systems Intl In  | Last 4 digits of account number9351  |             |
| Nonpriority Creditor's Name<br>1277 Country Club Ln               | When was the debt incurred? 02/06/2013   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.                         |             |
|   | _ Contingent   |             |
|   | Unliquidated   |             |
| Fort Worth TX 76112   | ─  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.  Debtor 1 only                  | ☐ Student loans  |             |
| Debtor 1 only  Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims   |             |
| At least one of the debtors and another                           | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| ☐ Check if this claim is for a community debt                     | Collecting for - Medical Payment Data  |             |
| Is the claim subject to offset?                                   |  |             |
| ☑ No  |  |             |
| Yes   |  |             |
| 4.8   |  | \$255.00    |
| Credit Systems Intl In  | Last 4 digits of account number 9 5 4 0  |             |
| Nonpriority Creditor's Name                                       | When was the debt incurred? 01/31/2013   |             |
| 1277 Country Club Ln Number Street                                | As of the date you file, the claim is: Check all that apply.                         |             |
|   | _ ☐ Contingent   |             |
|   | Unliquidated   |             |
| Fort Worth TX 76112   | Disputed   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.                                 | Student loans  |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 2 only  Debtor 1 and Debtor 2 only                         | that you did not report as priority claims   |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts                    |             |
| Check if this claim is for a community debt                       | ✓ Other. Specify  Collecting for - Modical Payment Data                              |             |
| Is the claim subject to offset?                                   | Collecting for - Medical Payment Data  |             |
| No  |  |             |
| ▼ Yes   |  |             |

| Debtor 1 Kevin Aycock  | Case number (if known)18-32632-  | 13          |
|--|--|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page.              | m sequentially from the  | Total claim |
| 4.9  |  | \$8,597.00  |
| Ecmc   | Last 4 digits of account number 0 0 0 4  |             |
| Nonpriority Creditor's Name  1 Imation PI                                      | When was the debt incurred? 05/15/2014   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.                         |             |
|  | Contingent   |             |
|  | ☐ Unliquidated ☐ Disputed  |             |
| Oakdale MN 55128   |  |             |
| City State ZIP Code  Who incurred the debt? Check one.                         | Type of NONPRIORITY unsecured claim:   |             |
| Debtor 1 only  |  |             |
| Debtor 2 only  | that you did not report as priority claims   |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another            | Debts to pension or profit-sharing plans, and other similar debts                    |             |
| ☐ Check if this claim is for a community debt                                  | Other. Specify   |             |
| Is the claim subject to offset?  |  |             |
| ✓ No<br>Yes  |  |             |
| 4.10   |  | \$3,922.00  |
| Ecmc Nonpriority Creditor's Name   | Last 4 digits of account number0003  |             |
| 1 Imation PI   | When was the debt incurred? 05/15/2014   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.                         |             |
|  | Contingent ☐ Unliquidated  |             |
| Oalidala MN 55400  | — ☐ Disputed   |             |
| Oakdale         MN         55128           City         State         ZIP Code | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.  | ✓ Student loans  |             |
| Debtor 1 only Debtor 2 only  | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims   |             |
| At least one of the debtors and another  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| ☐ Check if this claim is for a community debt                                  |  |             |
| Is the claim subject to offset?  |  |             |
| ✓ No<br>☐ Yes  |  |             |
|  |  |             |
| 4.11   |  | \$466.00    |
| Eos Cca  | Last 4 digits of account number 1 0 4 2  |             |
| Nonpriority Creditor's Name PO Box 981008                                      | When was the debt incurred? 08/13/2012   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.                         |             |
|  | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent                              |             |
|  | — ☐ Disputed   |             |
| Boston         MA         02298           City         State         ZIP Code  | — Time of NONDRIGHTY was a sound alsies.   |             |
| Who incurred the debt? Check one.  | Type of NONPRIORITY unsecured claim:  Student loans                                  |             |
| Debtor 1 only  | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                                       | that you did not report as priority claims   |             |
| At least one of the debtors and another  | Debts to pension or profit-sharing plans, and other similar debts                    |             |
| Check if this claim is for a community debt                                    |  |             |
| Is the claim subject to offset?  |  |             |
| ☑ No ☐ Yes   |  |             |

| Debtor 1 Kevin Aycock   | Case number (if known) _18-32632-   | 13          |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page. | m sequentially from the   | Total claim |
| 4.12  |   | \$7,732.00  |
| HSBC Bank   | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name PO Box 5253                           | When was the debt incurred?   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ Contingent  |             |
|   | ☐ Unliquidated ☐ Disputed   |             |
| Carol Stream IL 60197   |   |             |
| City State ZIP Code  Who incurred the debt? Check one.            | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | Student loans  Obligations arising out of a congration agreement or diverse                                   |             |
| Debtor 2 only   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims       |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another                           | Other. Specify  |             |
| Check if this claim is for a community debt                       | Credit Card   |             |
| Is the claim subject to offset?  ☑ No ☐ Yes                       |   |             |
| 4.13  |   | \$3,090.00  |
| I C System Inc  | Last 4 digits of account number 1 0 0 1   | Ψο,οσο.οο   |
| Nonpriority Creditor's Name                                       | When was the debt incurred? 02/19/2013  |             |
| PO Box 64378 Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
| - Street  | _ ☐ Contingent  |             |
|   | Unliquidated  |             |
| Saint Paul MN 55164   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| <ul><li>✓ Debtor 1 only</li><li>✓ Debtor 2 only</li></ul>         | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another                           | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                     | Collecting for - Medical Payment Data   |             |
| Is the claim subject to offset?                                   |   |             |
| ✓ No<br>Yes   |   |             |
| 4.14  |   | \$395.55    |
| Jefferson Capital Systems, LLC                                    | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name PO Box 7999                           | When was the debt incurred?   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ Contingent  |             |
|   | ☐ Unliquidated ☐ Disputed   |             |
| Saint Cloud MN 56302-9617   |   |             |
| City State ZIP Code Who incurred the debt? Check one.             | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce                                |             |
| Debtor 2 only   | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another                           | Other. Specify  |             |
| Check if this claim is for a community debt                       | Collecting for -Telecom   |             |
| Is the claim subject to offset?                                   |   |             |
| ☑ No ☐ Yes  |   |             |

| Debtor 1 Kevin Aycock   | Case number (if known) _ <b>18-32632-</b>   | 13          |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.                 | m sequentially from the   | Total claim |
| 4.15  |   | \$3,600.00  |
| Merchants & Medical Credit Corp.  | _ Last 4 digits of account number4337_  |             |
| Nonpriority Creditor's Name  Attn: Officer or Managing Agent                      | When was the debt incurred? 08/31/2017  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| 6324 Taylor Dr.   | _   |             |
|   | Disputed  |             |
| Flint         MI         48507-4685           City         State         ZIP Code | Turns of NONDRIORITY unconsumed alaims  |             |
| Who incurred the debt? Check one.   | Type of NONPRIORITY unsecured claim:  Student loans   |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only  | that you did not report as priority claims  |             |
| At least one of the debtors and another   | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                          |             |
| Check if this claim is for a community debt                                       | Medical Bills   |             |
| Is the claim subject to offset?   |   |             |
| ☑ No ☐ Yes  |   |             |
| Original Creditor Name: TEXAS VASCULAR  | ASSOCIATES P  |             |
| 4.16  |   | \$2,037.65  |
| Midland Credit Management Nonpriority Creditor's Name                             | _ Last 4 digits of account number <u>0</u> <u>5</u> <u>5</u> <u>7</u>   |             |
| PO Box 2011   | When was the debt incurred?   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | _   |             |
| Warren MI 48090   | Disputed  |             |
| Warren         MI         48090           City         State         ZIP Code     | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.   | ☐ Student loans   |             |
| ☑ Debtor 1 only ☐ Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another   | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                                     | Collecting for - Midland Funding / Ciitbank   |             |
| Is the claim subject to offset?   |   |             |
| ☑ No<br>□ Yes   |   |             |
| 4.17  |   | \$2,027.00  |
| Midland Funding   | Last 4 digits of account number 5 0 3 2   |             |
| Nonpriority Creditor's Name   | When was the debt incurred? 12/23/2010  |             |
| 8875 Aero Dr Ste 200<br>Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ Contingent  |             |
|   | ☐ Unliquidated ☐ Disputed   |             |
| San Diego CA 92123  |   |             |
| City State ZIP Code  Who incurred the debt? Check one.                            | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce                                |             |
| Debtor 2 only Debtor 1 and Debtor 2 only  | that you did not report as priority claims  |             |
| At least one of the debtors and another   | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt                                       |   |             |
| Is the claim subject to offset?   |   |             |
| No You  |   |             |
| ☐ Yes   |   |             |

| Debtor 1 Kevin Aycock  | Case number (if known) 18-32632-13   |               |
|--|--|---------------|
| Part 2: Your NONPRIORITY Unsecur   | red Claims Continuation Page   |               |
| After listing any entries on this page, number the previous page.  | m sequentially from the  | Total claim   |
| 4.18   |  | \$3,260.00    |
| National Student Loan  | Last 4 digits of account number 4 2 5 7  | <del></del>   |
| Nonpriority Creditor's Name  | When was the debt incurred? 05/14/2014   |               |
| Number Street  | As of the date you file, the claim is: Check all that apply.   |               |
|  | _ Contingent   |               |
|  | ☐ Unliquidated ☐ Disputed  |               |
| Lincoln NE 68508   |  |               |
| City State ZIP Code  Who incurred the debt? Check one.   | Type of NONPRIORITY unsecured claim:   |               |
| Debtor 1 only  | <ul><li>✓ Student loans</li><li>✓ Obligations arising out of a separation agreement or divorce</li></ul> |               |
| Debtor 2 only  | that you did not report as priority claims   |               |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  | Debts to pension or profit-sharing plans, and other similar debts  |               |
| Check if this claim is for a community debt  | Other. Specify   |               |
| Is the claim subject to offset?  |  |               |
| ✓ No   |  |               |
| Yes  |  |               |
| 4.19   |  | \$2,025.00    |
| National Student Loan  | Last 4 digits of account number 4 2 5 6  | φ2,023.00     |
| Nonpriority Creditor's Name  | When was the debt incurred? 05/14/2014   |               |
| Number Street  | As of the date you file, the claim is: Check all that apply.   |               |
| - Cultural C | Contingent   |               |
|  | Unliquidated   |               |
| Lincoln NE 68508   | Disputed   |               |
| City State ZIP Code  | Type of NONPRIORITY unsecured claim:   |               |
| Who incurred the debt? Check one.  Debtor 1 only   |  |               |
| Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |               |
| Debtor 1 and Debtor 2 only   | Debts to pension or profit-sharing plans, and other similar debts  |               |
| At least one of the debtors and another  | Other. Specify   |               |
| Check if this claim is for a community debt  |  |               |
| Is the claim subject to offset?  ✓ No  |  |               |
| Yes  |  |               |
| 4.20   |  | <b>**</b> *** |
|  | Last 4 digits of account number 4 2 5 7  | \$3,243.00    |
| National Student Loan Nonpriority Creditor's Name  | Last 4 digits of account number 4 2 5 7  When was the debt incurred? 05/2014                             |               |
| 1300 O St. Number Street   | As of the date you file, the claim is: Check all that apply.   |               |
| - Curoti   | _ ☐ Contingent   |               |
|  | Unliquidated   |               |
| Lincoln NE 68508-1511  | Disputed   |               |
| City State ZIP Code Who incurred the debt? Check one.  | Type of NONPRIORITY unsecured claim:   |               |
| Who incurred the debt? Check one.  Debtor 1 only   | Student loans  |               |
| Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |               |
| Debtor 1 and Debtor 2 only   | Debts to pension or profit-sharing plans, and other similar debts  |               |
| At least one of the debtors and another  | Other. Specify   |               |
| Check if this claim is for a community debt  |  |               |
| Is the claim subject to offset?  ✓ No  |  |               |
| Yes  |  |               |
| Original Creditor Name: DEUTSCHE BK ELT  | NAVIENT AND SL   |               |

| Debtor 1 Kevin Aycock  | Case number (if known) _ <b>18-32632-</b>   | 13          |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.              | m sequentially from the   | Total claim |
| 4.21   |   | \$2,014.00  |
| National Student Loan  | Last 4 digits of account number 4 2 5 6   |             |
| Nonpriority Creditor's Name<br>1300 O St.                                      | When was the debt incurred? 05/2014   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|  | _ Contingent  |             |
|  | Unliquidated  |             |
| Lincoln NE 68508-1511  | Disputed  |             |
| City State ZIP Code  | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  Debtor 1 only                               |   |             |
| Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| Debtor 1 and Debtor 2 only   | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| At least one of the debtors and another  | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                                  | _   |             |
| Is the claim subject to offset?  |   |             |
| ✓ No ☐ Yes   |   |             |
| Original Creditor Name: DEUTSCHE BK ELT  | NAVIENT AND SL  |             |
| 4.22   |   | \$10,832.00 |
| Portfolio Recovery Ass   | Last 4 digits of account number4344_  |             |
| Nonpriority Creditor's Name 120 Corporate Blvd Ste 1                           | When was the debt incurred? 03/30/2012  |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|  | _ Contingent  |             |
|  | ☐ Unliquidated ☐ Disputed   |             |
| Norfolk VA 23502   |   |             |
| City State ZIP Code  Who incurred the debt? Check one.                         | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only  | Student loans  Obligations origins out of a consention agreement or diverse                             |             |
| Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| Debtor 1 and Debtor 2 only   | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| At least one of the debtors and another  | ☑ Other. Specify  |             |
| Check if this claim is for a community debt                                    | Collecting for - Capital One Bank   |             |
| Is the claim subject to offset?  |   |             |
| ☑ No ☐ Yes   |   |             |
|  |   |             |
| 4.23   |   | \$500.06    |
| Portfolio Recovery Associates, LLC Nonpriority Creditor's Name                 | Last 4 digits of account number   |             |
| C/O Capital One - HSBC   | When was the debt incurred?   |             |
| Number Street PO Box 41067   | As of the date you file, the claim is: Check all that apply.  |             |
| 10 Box 41007   | □ Contingent     □ Unliquidated   |             |
|  | Disputed  |             |
| Norfolk         VA         23541           City         State         ZIP Code | Turns of NONDRIORITY unrecovered eleiter  |             |
| Who incurred the debt? Check one.  | Type of NONPRIORITY unsecured claim:  Student loans   |             |
| Debtor 1 only  | ☐ Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only  | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another            | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| Check if this claim is for a community debt                                    | Other. Specify  |             |
| Is the claim subject to offset?  | Credit Card   |             |
| No   |   |             |
| ☐ Yes  |   |             |

| Debtor 1 Kevin Aycock   | Case number (if known) _ <b>18-32632-</b>   | 13          |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.               | em sequentially from the  | Total claim |
| 4.24  |   | \$10,659.75 |
| Quantum3 Group LLC as agent for   | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name Wollemi Acquisitions LLC                            | When was the debt incurred?   |             |
| Number Street P.O. Box 788  | As of the date you file, the claim is: Check all that apply.  |             |
| 1.0. Box 700  |   |             |
| Kirkland WA 00002   | Disputed  |             |
| Kirkland         WA         98083           City         State         ZIP Code | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.   | Student loans   |             |
| Debtor 1 only Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another   | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                                   | Collecting for - Wollemi Acquisitions / American C  |             |
| Is the claim subject to offset?   |   |             |
| ☑ No<br>☐ Yes   |   |             |
| 4.25  |   | \$745.00    |
| Receivables Management Group  | Last 4 digits of account number R 6 S 3   | Ψ1 43.00    |
| Nonpriority Creditor's Name   | When was the debt incurred? 11/01/2017  |             |
| Attn: Bankruptcy Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
| 2901 University Ave. Suite #29  | Contingent  |             |
|   | ☐ Unliquidated<br>☐ ☐ Disputed  |             |
| Columbus GA 31917   |   |             |
| City State ZIP Code Who incurred the debt? Check one.                           | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce                                |             |
| Debtor 2 only   | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another             | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt                                     | ✓ Other. Specify  Medical Bills   |             |
| Is the claim subject to offset?   | medical bills   |             |
| <b>⋈</b> No   |   |             |
| Yes   |   |             |
| Original Creditor Name: AMERICAN RADIOL   | LOGY CONSULTAN  |             |
| 4.26  |   | \$5,927.00  |
| Resource One Cu   | Last 4 digits of account number0 _1 _4 _4   |             |
| Nonpriority Creditor's Name PO Box 660077                                       | When was the debt incurred? 08/08/2007  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   |   |             |
| Dallac TV 75366   | Disputed  |             |
| Dallas         TX         75266           City         State         ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.   | Student loans   |             |
| Debtor 1 only Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another   | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                                   | Signature Loan  |             |
| Is the claim subject to offset?   |   |             |
| ☑ No ☐ Yes  |   |             |

| Debtor 1 Kevin Aycock  | Case number (if known) _ 18-32632-   | 13          |
|--|--|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page.                    | m sequentially from the  | Total claim |
| 4.27   |  | \$1,038.00  |
| Southwest Financial Fc   | Last 4 digits of account number 0 1 4 3  |             |
| Nonpriority Creditor's Name 7610 N Stemmons Fwy Ste                                  | When was the debt incurred? 08/29/2012   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.                         |             |
|  | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent                              |             |
|  | — ☐ Disputed   |             |
| Dallas         TX         75247           City         State         ZIP Code        | Turns of NONDRIGHTY unaccurred eleiter   |             |
| Who incurred the debt? Check one.  | Type of NONPRIORITY unsecured claim:  ☐ Student loans                                |             |
| Debtor 1 only  | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 2 only Debtor 1 and Debtor 2 only   | that you did not report as priority claims   |             |
| At least one of the debtors and another  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| Check if this claim is for a community debt  | Signature Loan   |             |
| Is the claim subject to offset?  |  |             |
| ✓ No<br>☐ Yes  |  |             |
|  |  |             |
| 4.28   |  | \$1,038.00  |
| Southwest Financial FC   | Last 4 digits of account number0143_   |             |
| Nonpriority Creditor's Name 7611 N. Stemmons Fwy, Ste 110                            | When was the debt incurred? 08/2012  |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.                         |             |
|  | Contingent Unliquidated  |             |
|  | Disputed   |             |
| Dallas         TX         75247-4216           City         State         ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.  | Student loans  |             |
| Debtor 1 only Debtor 2 only  | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims   |             |
| At least one of the debtors and another  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| ☐ Check if this claim is for a community debt  | Credit Card  |             |
| Is the claim subject to offset?  |  |             |
| ☑ No<br>☐ Yes  |  |             |
|  |  |             |
| 4.29   |  | \$814.01    |
| Sprint Corp Nonpriority Creditor's Name  | Last 4 digits of account number  |             |
| Attn Bankruptcy Dept   | When was the debt incurred?  |             |
| Number Street PO Box 7949  | As of the date you file, the claim is: Check all that apply.                         |             |
| 10 200 1040  | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent                              |             |
| Overland Bark KS 65207   | Disputed   |             |
| Overland Park         KS         66207           City         State         ZIP Code | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.  | Student loans  |             |
| Debtor 1 only Debtor 2 only  | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims   |             |
| At least one of the debtors and another  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| ☐ Check if this claim is for a community debt  | Utilities  |             |
| Is the claim subject to offset?  |  |             |
| ☑ No ☐ Yes   |  |             |

| Debtor 1 Kevin Aycock   | Case number (if known) _ 18-32632-   | 13          |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page.   | m sequentially from the  | Total claim |
| 4.30  |  | \$1,577.00  |
| Thd/Cbna  | Last 4 digits of account number  |             |
| Nonpriority Creditor's Name PO Box 6497   | When was the debt incurred? 08/27/2007   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed   |             |
| Sioux Falls SD 57117  | Disputed   |             |
| City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Credit Card |             |
| Is the claim subject to offset?  ✓ No  ☐ Yes  4.31  |  | \$550.00    |
|   | Last 4 digits of account number 7 8 8 3  | <u> </u>    |
| Txu Energy Nonpriority Creditor's Name  | <del>-</del> <del> </del>  |             |
| 200 W John Carpenter Fwy  |  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  |             |
| Irving TX 75039   | ─  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.  Debtor 1 only  | ☐ Student loans  |             |
| Debtor 1 only  Debtor 2 only  | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul>  |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts  |             |
| At least one of the debtors and another   | Other. Specify   |             |
| ☐ Check if this claim is for a community debt   | Utilities  |             |
| Is the claim subject to offset?  ✓ No  ✓ Yes  |  |             |
| 4.32  |  | \$601.00    |
| University of Phoenix   | Last 4 digits of account number  |             |
| Nonpriority Creditor's Name 4615 E Elwood St FI 3   | When was the debt incurred? 02/09/2006   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.   |             |
|   | Contingent Unliquidated  |             |
| Phoenix AZ 85040  | Disputed   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.   | ✓ Student loans  |             |
| Debtor 1 only Debtor 2 only   | Obligations arising out of a separation agreement or divorce   |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |             |
| At least one of the debtors and another   | Other. Specify   |             |
| ☐ Check if this claim is for a community debt   |  |             |
| Is the claim subject to offset?   |  |             |
| ☑ No<br>□ Yes   |  |             |

| Debtor 1 Kevin Aycock     |  | Case number (if known) _ <b>18-32632-13</b>  |
|---------------------------|--|--|
| Part 3:                   | List Others to Be Notific  | ed About a Debt That You Already Listed  |
| For ex<br>credit<br>debts | xample, if a collection agency is to tor in Parts 1 or 2, then list the co | to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2.  Trying to collect from you for a debt you owe to someone else, list the original dilection agency here. Similarly, if you have more than one creditor for any of the state additional creditors here. If you do not have additional parties to be notified for to submit this page. |
|                           | n Credit Accept  | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| Name <b>961 E Ma</b>      | in St  | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| Number                    | Street   | Repo Deficiency Part 2: Creditors with Nonpriority Unsecured Claims  |
| Spartanb<br>City          | ourg SC 29302<br>State ZIP Cod   |  |
| Ecmc Gre                  | oup  | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| Name Attn: Ban            | nkruptcy   | Line of (Check one):   |
| Number                    | Street<br>hington Ave South Ste 1400                                       | Educational Part 2: Creditors with Nonpriority Unsecured Claims  |
| Minneapo                  | olis MN 55401  | Last 4 digits of account number 0 0 0 4  |
| City                      | State ZIP Cod  | e e  |

| Debtor 1 | Kevin Aycock | Case number (if known) | 18-32632-13 |
|----------|--------------|------------------------|-------------|
|----------|--------------|------------------------|-------------|

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                          |     |   |              | Total claim |
|--------------------------|-----|---|--------------|-------------|
| Total claims             | 6a. | Domestic support obligations  | 6a.          | \$0.00      |
|                          | 6b. | Taxes and certain other debts you owe the government  | 6b.          | \$0.00      |
|                          | 6c. | Claims for death or personal injury while you were intoxicated  | 6c.          | \$0.00      |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. <b>-</b> | \$3,225.00  |
|                          | 6e. | <b>Total.</b> Add lines 6a through 6d.  | 6d.          | \$3,225.00  |
|                          |     |   |              | Total claim |
| Total claims from Part 2 | 6f. | Student loans   | 6f.          | \$23,662.00 |
|                          | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.          | \$0.00      |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.          | \$0.00      |
|                          | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. <b>-</b> | \$57,008.91 |
|                          | 6j. | <b>Total.</b> Add lines 6f through 6i.  | 6j.          | \$80,670.91 |

| Fill in this inf          | ormation to iden       | tify your case: |                 |                                    |
|---------------------------|------------------------|-----------------|-----------------|------------------------------------|
| Debtor 1                  | Kevin                  |                 | Aycock          |                                    |
|                           | First Name             | Middle Name     | Last Name       |                                    |
| Debtor 2                  |                        |                 |                 |                                    |
| (Spouse, if filing)       | First Name             | Middle Name     | Last Name       |                                    |
| United States Ba          | nkruptcy Court for the | : NORTHERN DIS  | STRICT OF TEXAS |                                    |
| Case number<br>(if known) | 18-32632-13            |                 |                 | Check if this is an amended filing |

### Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

| Fill in this information to identify your case:                    |
|--|
| Debtor 1 Kevin Aycock  |
| First Name Middle Name Last Name                                   |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name      |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS |
| Case number (if known) 18-32632-13                                 |

## Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| 1. | Do you have any codebtors? (  ☑ No ☐ Yes                      | f you are filing a joint case, do no                                       | t list either spouse as a codebtor.)   |    |
|----|---|--|--|----|
| 2. | include Arizona, California, Idaho,                           | • • • •  | state or territory? (Community property states and territories Puerto Rico, Texas, Washington, and Wisconsin.)   |    |
|    | No. Go to line 3.  Yes. Did your spouse, former  No  Yes  Yes | r spouse, or legal equivalent live v                                       | with you at the time?  |    |
| 3. | person shown in line 2 again as                               | a codebtor only if that person is<br>Form 106D), <i>Schedule E/F</i> (Offi | use as a codebtor if your spouse is filing with you. List the s a guarantor or cosigner. Make sure you have listed the cial Form 106E/F), or <i>Schedule G</i> (Official Form 106G). Use |    |
|    | Column 1: Your codebtor                                       |  | Column 2: The creditor to whom you owe the de Check all schedules that apply:  | bt |

Official Form 106H Schedule H: Your Codebtors page 1

| Fill in this inform   | mation to ident  | fy your case:   |  |                             |                              |  |  |
|---|--|---|--|-----------------------------|------------------------------|--|--|
| Debtor 1  | Kevin  |   | Aycock   |                             |                              |  |  |
| Debtor 1  | First Name   | Middle Name   | Last Name  |                             | Che                          | ck if this is:   |  |
| Debtor 2  | First Name   | Middle Mass   | LastNama   |                             | _                            | An amended filing  |  |
| (Spouse, if filing)   | First Name   | Middle Name   | Last Name  |                             |                              | A supplement showing postpetition  |  |
|   | ruptcy Court for the<br>18-32632-13  | NORTHERN  | DISTRICT OF TI   | EXAS                        |                              | chapter 13 income as of the following date:  |  |
| Case number<br>(if known)   | 10-32032-13  |   |  | _                           |                              | MM / DD / YYYY   |  |
| Official Form 10  | 061  |   |  |                             |                              |  |  |
| Schedule I: Yo  | our Income   |   |  |                             |                              | 12/15  |  |
| responsible for supp<br>include information a<br>about your spouse. I<br>your name and case | lying correct information lying correct information by the large space is nearly the large is nearly the large is nearly the large in the large is nearly the large in the lar | mation. If you are<br>If you are separ<br>eded, attach a se<br>. Answer every c | e married and not<br>rated and your spo<br>eparate sheet to th | filing jointl<br>use is not | y, and your<br>filing with y | l Debtor 2), both are equally<br>spouse is living with you,<br>ou, do not include information<br>any additional pages, write |  |
| Fill in your empling information.   | oyment   |   | Dahtar 1   |                             |                              | Dahtar 2 ay yan filing anaysa  |  |
| If you have more  |  |   | Debtor 1  ✓ Employed  Not employed                             |                             |                              | Debtor 2 or non-filing spouse  ☐ Employed ☐ Not employed   |  |
| job, attach a sepa<br>with information a  |  | loyment status  |  |                             |                              |  |  |
| additional employ   | vers.  | ıpation   | Store Manager  |                             |                              |  |  |
| Include part-time, or self-employed   | seasonal,  | loyer's name  | Dollar Tree Inc  |                             |                              | _  |  |
| Occupation may i student or homen applies.  | p  | loyer's address   | 500 Volvo Parl<br>Number Street                                | cway                        |                              | Number Street  |  |
|   |  |   | Cheasapeake  | VA<br>State                 | <b>23320</b> Zip Code        | City State Zip Code  |  |
|   | Ном  | long employed t   | here? May, 20  | 117                         |                              |  |  |
|   | HOW  | iong employed t   | mere: may, 20  | , , , ,                     |                              |  |  |
| Part 2: Give I  | Details About N  | lonthly Incom   | е  |                             |                              |  |  |
| non-filing spouse unle<br>If you or your non-filing   | ss you are separate<br>g spouse have more  | d.<br>than one employ   |  |                             |                              | , write \$0 in the space. Include your rs for that person on the lines below. If   |  |
| you need more space,  | attach a separate s  | sneet to this form.   |  | For                         | Debtor 1                     | For Debtor 2 or non-filing spouse  |  |
|   | ess wages, salary,<br>s). If not paid mont   |   |  | 2                           | \$3,833.33                   |  |  |
| 3. Estimate and list  | t monthly overtime   | pay.  |  | 3. +                        | \$0.00                       |  |  |
| 4. Calculate gross  | income. Add line   | 2 + line 3.   |  | 4                           | \$3,833.33                   |  |  |

Official Form 106l Schedule I: Your Income page 1

| Deb | otor 1 Kevin Aycock   |              | Case nui    | mber (if known) 18                | -32632-13    |
|-----|---|--------------|-------------|-----------------------------------|--------------|
|     |   | F            | or Debtor 1 | For Debtor 2 or non-filing spouse | )_           |
|     | Copy line 4 here  | 4.           | \$3,833.33  |                                   |              |
| 5.  | List all payroll deductions:  |              |             |                                   |              |
|     | 5a. Tax, Medicare, and Social Security deductions   | 5a.          | \$640.14    |                                   |              |
|     | 5b. Mandatory contributions for retirement plans  | 5b.          | \$0.00      |                                   |              |
|     | 5c. Voluntary contributions for retirement plans  | 5c.          | \$0.00      |                                   |              |
|     | 5d. Required repayments of retirement fund loans  | 5d.          | \$0.00      |                                   |              |
|     | 5e. Insurance   | 5e.          | \$95.33     |                                   |              |
|     | 5f. Domestic support obligations  | 5f.          | \$0.00      |                                   |              |
|     | 5g. Union dues  | 5g.          | \$0.00      |                                   |              |
|     | 5h. Other deductions. Specify:  | 5h. <b>+</b> | \$0.00      |                                   |              |
| 6.  | Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .   | 6.           | \$735.47    |                                   |              |
| 7.  | <b>Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  | 7.           | \$3,097.86  |                                   |              |
| 8.  | List all other income regularly received:   |              |             |                                   |              |
|     | 8a. Net income from rental property and from operating a business, profession, or farm  | 8a.          | \$0.00      |                                   |              |
|     | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   |              |             |                                   |              |
|     | 8b. Interest and dividends  | 8b.          | \$0.00      |                                   |              |
|     | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive   | 8c.          | \$0.00      |                                   |              |
|     | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |              |             |                                   |              |
|     | 8d. Unemployment compensation   | 8d.          | \$0.00      |                                   |              |
|     | 8e. Social Security   | 8e.          | \$0.00      |                                   |              |
|     | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.   |              |             |                                   |              |
|     | Specify:  | _ 8f.        | \$0.00      |                                   |              |
|     | 8g. Pension or retirement income  | 8g.          | \$0.00      |                                   |              |
|     | 8h. Other monthly income.   |              |             |                                   |              |
|     | Specify:  | 8h. <b>+</b> | \$0.00      |                                   |              |
| 9.  | <b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   | 9.           | \$0.00      |                                   |              |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  | 10.          | \$3,097.86  | +                                 | = \$3,097.86 |
| 11. | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. |              |             |                                   |              |
|     | Specify:  |              |             | 11.                               | + \$0.00     |
|     |   |              |             |                                   |              |
| 12. | 2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.  12. \$3,097.86  Combined monthly income   |              |             |                                   |              |
| 13. | Do you expect an increase or decrease within the year after you file  | this forn    | 1?          |                                   | -            |
|     | ✓ No. None.  Yes. Explain:  |              |             |                                   |              |

| i        | ill in this infor                                | mation to identi  | fy your case:   |   | Cha | als if this          | ia                       |   |
|----------|--|---|---|---|-----|----------------------|--------------------------|---|
|          | Debtor 1   | Kevin   | Аус   | nck                                     |     | ck if this<br>An ame | ended filing             |   |
|          | Debtor 1   | First Name  | Middle Name Last N  |   | ᆸ   | A suppl              | lement showing           |   |
|          | Debtor 2<br>(Spouse, if filing)                  | First Name  | Middle Name Last N  | Name                                    |     | followin             | 13 expenses a<br>g date: | s or the                                    |
|          | United States Bank                               | cruptcy Court for the   | NORTHERN DISTRICT O   | OF TEXAS                                |     | MM / D               | D / YYYY                 | _   |
|          | Case number (if known)                           | 18-32632-13   |   |   |     |                      | _,,,,,,,                 |   |
| 0        | fficial Form 1                                   | 06J   |   |   | ı   |                      |                          |   |
|          |  | our Expense   | s   |   |     |                      |                          | 12/1  |
| co<br>na | rrect information.<br>me and case numb           | If more space is ne   | e. If two married people are feeded, attach another sheet to<br>wer every question. |   |     |                      |                          |   |
| 1.       | Is this a joint ca                               | se?   |   |   |     |                      |                          |   |
| 2.       | ✓ No. Go to li ☐ Yes. <b>Does</b>                | ne 2.<br><b>Debtor 2 live in a se</b><br>o<br>es. Debtor 2 must fil | eparate household?<br>e Official Form 106J-2, Expens<br>No                          | ·                                       |     |                      |                          | Dage demander                               |
|          | Do not list Debtor<br>Debtor 2.                  | 1 and   | Yes. Fill out this information for each dependent                                   | Dependent's relation Debtor 1 or Debtor |     | p to                 | Dependent's age          | Does dependen live with you?                |
|          | Do not state the onames.                         | dependents'   |   |   |     |                      |                          | Yes No Yes No No No Yes No No No Yes No Yes |
| 3.       | Do your expense expenses of peo yourself and you | ple other than  | <ul><li>✓ No</li><li>☐ Yes</li></ul>  |   |     |                      |                          |   |
|          | Part 2: Estim                                    | ate Your Ongoi  | ng Monthly Expenses   |   |     |                      |                          |   |
| to       |  | s of a date after the   | rruptcy filing date unless you<br>bankruptcy is filed. If this is                   |   |     |                      |                          |   |
|          | •  |   | h government assistance if yo<br>n Schedule I: Your Income (Of                      |   |     |                      | Your expens              | ses   |
| 4.       |  |   | enses for your residence. any rent for the ground or lot.                           |   |     | 4                    | 4                        |   |
|          | If not included in                               |   | •   |   |     |                      |                          |   |
|          | 4a. Real estate                                  | taxes   |   |   |     | 4                    | ła                       |   |
|          | 4b. Property, ho                                 | meowner's, or renter  | r's insurance   |   |     | 2                    | 4b                       |   |
|          | 4c. Home maint                                   | enance, repair, and   | upkeep expenses   |   |     | 2                    | 4c                       | \$100.00                                    |
|          | 4d. Homeowner                                    | 's association or con   | dominium dues   |   |     | 4                    | 1d.                      |   |

|       |  | Your e   |          |
|-------|--|----------|----------|
|       |  | <u> </u> | xpenses  |
| 6. l  | Additional mortgage payments for your residence, such as home equity loans   | 5        |          |
|       | Itilities:   |          |          |
| 6     | a. Electricity, heat, natural gas  | 6a       | \$225.00 |
| 6     | b. Water, sewer, garbage collection  | 6b       | \$100.00 |
| 6     | ic. Telephone, cell phone, Internet, satellite, and cable services   | 6c       | \$100.00 |
| 6     | d. Other. Specify: Internet  | 6d.      | \$14.00  |
| 7. F  | ood and housekeeping supplies  | 7        | \$250.00 |
| 8. 0  | Childcare and children's education costs   | 8        |          |
| 9. (  | Clothing, laundry, and dry cleaning  | 9        | \$50.00  |
| 10. F | Personal care products and services  | 10.      | \$75.00  |
| 11. N | Medical and dental expenses  | 11       | \$150.00 |
|       | ransportation. Include gas, maintenance, bus or train are. Do not include car payments.  | 12       | \$350.00 |
| 13. E | Entertainment, clubs, recreation, newspapers, nagazines, and books   | 13       | \$35.00  |
| 14. ( | Charitable contributions and religious donations   | 14.      | \$120.00 |
| 15. I | nsurance.  |          |          |
| [     | Oo not include insurance deducted from your pay or included in lines 4 or 20.  |          |          |
| 1     | 5a. Life insurance   | 15a      |          |
| 1     | 5b. Health insurance   | 15b      |          |
| 1     | 5c. Vehicle insurance  | 15c      | \$105.00 |
|       | 5d. Other insurance. Specify:  | 15d      |          |
|       | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  | 16       |          |
| 17. I | nstallment or lease payments:  |          |          |
| 1     | 7a. Car payments for Vehicle 1   | 17a      |          |
| 1     | 7b. Car payments for Vehicle 2   | 17b      |          |
| 1     | 7c. Other. Specify:  | 17c      |          |
| 1     | 7d. Other. Specify:  | 17d      |          |
|       | our payments of alimony, maintenance, and support that you did not report as leducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18       |          |
|       | Other payments you make to support others who do not live with you.  Specify:  | 19       |          |
|       | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  |          |          |
| 2     | 20a. Mortgages on other property   | 20a      |          |
| 2     | 20b. Real estate taxes   | 20b      |          |
| 2     | 20c. Property, homeowner's, or renter's insurance  | 20c      |          |
| 2     | 20d. Maintenance, repair, and upkeep expenses  | 20d      |          |
| 2     | 0e. Homeowner's association or condominium dues  | 20e      |          |

| nown)   | 18-32632-13 |  |  |  |
|---|-------------|--|--|--|
| +_  |             |  |  |  |
| 22. Calculate your monthly expenses.  |             |  |  |  |
| a.  | \$1,674.00  |  |  |  |
| b   |             |  |  |  |
| c   | \$1,674.00  |  |  |  |
|   |             |  |  |  |
| a   | \$3,097.86  |  |  |  |
| b. <b>–</b> _   | \$1,674.00  |  |  |  |
| c   | \$1,423.86  |  |  |  |
|   |             |  |  |  |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |             |  |  |  |
|   |             |  |  |  |
|   |             |  |  |  |
|   |             |  |  |  |

| Fill in this information to identify your case:                    |                     |             |                     |  |
|--|---------------------|-------------|---------------------|--|
| Debtor 1   | Kevin<br>First Name | Middle Name | Aycock<br>Last Name |  |
| Debtor 2<br>(Spouse, if filing)                                    | First Name          | Middle Name | Last Name           |  |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS |                     |             |                     |  |
| Case number<br>(if known)  | 18-32632-13         |             |                     |  |

☐ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Р  | art 1: Summarize Your Assets   |                                    |
|----|--|------------------------------------|
|    |  | Your assets Value of what you own  |
| 1. | Schedule A/B: Property (Official Form 106A/B)  |                                    |
|    | 1a. Copy line 55, Total real estate, from Schedule A/B   | \$81,390.00                        |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$16,365.70                        |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$97,755.70                        |
| Р  | art 2: Summarize Your Liabilities  |                                    |
|    |  | Your liabilities<br>Amount you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | <u>\$142,050.05</u>                |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$3,225.00                         |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | + \$80,670.91                      |
|    | Your total liabilities   | \$225,945.96                       |
| P  | art 3: Summarize Your Income and Expenses  |                                    |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$3,097.86                         |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$1,674.00                         |

| Deb | tor 1 | Kevin Aycock Case nu  | umber     | (if known)             | 32-13  |
|-----|-------|---|-----------|------------------------|--|
| Pa  | art 4 | Answer These Questions for Administrative and Statistical Rec   | cords     | s                      |  |
| 6.  | Are   | you filing for bankruptcy under Chapters 7, 11, or 13?  |           |                        |  |
|     |       | No. You have nothing to report on this part of the form. Check this box and submit this Yes   | s form    | to the court with your | other schedules.                             |
| 7.  | Wha   | at kind of debt do you have?  |           |                        |  |
|     | V     | Your debts are primarily consumer debts. Consumer debts are those "incurred by a family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical pur |           | . , ,                  | personal,                                    |
|     |       | Your debts are not primarily consumer debts. You have nothing to report on this pathis form to the court with your other schedules.   | art of th | ne form. Check this b  | ox and submit                                |
| 8.  |       | m the Statement of Your Current Monthly Income: Copy your total current monthly incial Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.                 | come      | from                   | \$4,142.67                                   |
| 9.  | Сор   | by the following special categories of claims from Part 4, line 6 of Schedule E/F:  |           |                        |  |
|     |       |   | ٦         | Total claim            |  |
|     | Fron  | m Part 4 on <i>Schedule E/F,</i> copy the following:  |           |                        |  |
|     | 9a.   | Domestic support obligations. (Copy line 6a.)   | -         | \$0.00                 |  |
|     | 9b.   | Taxes and certain other debts you owe the government. (Copy line 6b.)   | -         | \$0.00                 |  |
|     | 9c.   | Claims for death or personal injury while you were intoxicated. (Copy line 6c.)   | _         | \$0.00                 |  |
|     | 9d.   | Student loans. (Copy line 6f.)  | -         | \$23,662.00            |  |
|     | 9e.   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)  | -         | \$0.00                 |  |
|     | 9f.   | Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | +_        | \$0.00                 | <u>.                                    </u> |
|     | 9g.   | <b>Total.</b> Add lines 9a through 9f.  |           | \$23,662.00            |  |

### Official Form 106Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is N                        | OT an attorney to help you fill out bankruptcy forms?   |
| <b>☑</b> No   |   |
| Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
| Under penalty of perjury, I declare that I have r true and correct. | ead the summary and schedules filed with this declaration and that they are                   |
| X /s/ Kevin Aycock Kevin Aycock, Debtor 1                           | X   |
| Date <u>08/14/2018</u><br>MM / DD / YYYY                            | Date MM / DD / YYYY   |